

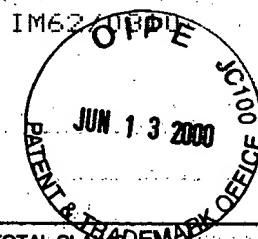
together with applicable fees, to: Box ISSUE FEE  
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Diane Schwanbeck

(Depositor's name)

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June 9, 2000

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/327,115	06/07/99	035	CANO, M	1761 03/10/00
First Name Applicant	RISNER,		35 USC 154(b) term ext. =	0 Days.

TITLE OF  
INVENTION METHOD AND APPARATUS FOR ROASTING AND SMOKING SKINNED FOOD PRODUCTS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 TMTDP002A	426-	J40	UTILITY NO		\$1210.00	06/12/00
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		
<input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT: (print or type) <b>PLEASE NOTE:</b> Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):  <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies 1.0
(A) NAME OF ASSIGNEE California Fire-Roasted, L.L.C. (B) RESIDENCE: (CITY & STATE OR COUNTRY) West Sacramento, California Please check the appropriate assignee category indicated below (will not be printed on the patent)		4b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER 50-0805 (TMTDP002A) (ENCLOSE AN EXTRA COPY OF THIS FORM).
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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature) (Date) 6/9/00  
Peter B. Martine (32,043)

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